

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/592983		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		2		1			54						
5		①		1			55						
6		①		1			56						
7		①		1			57						
8		①		1			58						
9		①		1			59						
10				1			60						
11				1			61						
12				1			62						
13				1			63						
14				1			64						
15				1			65						
16			1				66						
17				1			67						
18				1			68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	2	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	9	←	18	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	10		20		0		TOTAL CLAIMS	0		0		0	